



## Direct Deposit ACH Start Up Form

This is a generic form created by the credit union as a convenience to our members. Please note that not all companies will accept this form and you may be required to complete one of theirs.

**Instructions:**

1. Complete this form.
2. Please forward the completed form to your payroll office or company's designated department.

Employee Name

Social Security Number\*

Account Number

Transaction Type                     Checking     Savings

Summit Credit Union  
*Name of Financial Institution*

Madison, WI  
*City and State*

275979034  
*Bank Transit Number:*

Employer/Payroll Office

Deposit Amount                     Net Check or  \$                    .....(specific amount)\*\*

I authorize the above listed employer/payroll office to initiate direct deposit in the amount listed above to my Summit Credit Union account. If there are any funds deposited to my account that I am not entitled to receive, I authorize the employer/payroll office to initiate a reversal entry to correct the deposit.

This Authorization will remain in effect until my employer/payroll office is notified in writing. I understand that the authorization may be rejected or discontinued by my employer at any time. If any of the above information changes, I understand it is my responsibility to notify my payroll department.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\*Your social security number is being used for accurate employee identification purposes.  
\*\*Not all companies allow a partial deduction, please contact your payroll department for verification.